

STATE TREASURER ACH ENROLLMENT FORM

Mail or Fax to:

Nebraska Department of Revenue
Finance/Management Services
PO Box 94818
Lincoln, NE 68509-4818
FAX: 402-471-5804

NEW

CHANGE

**If you have any questions when completing this form,
please contact the State Treasurer's Office:**

State Treasurer
Attn: Treasury Management
Rm. 2003, State Capitol
Lincoln, NE 68509
Phone: 402-471-2455

CTX or
CCD+

The information below should be completed by the vendor. If there are any questions, please contact the State Treasurer's Office at 402-471-2455.

It is the Financial Institution's responsibility to assure the accuracy of the following banking information. If there are any questions, please contact the State Treasurer's Office at 402-471-2455.

Vendor Information

Name: _____

Address: _____

Federal Tax ID #: _____

Contact Person: _____

Phone #: _____

FAX #: _____

May this authorization be used for? (check one)

- All payments by the State of Nebraska
- All Department of Revenue payments only
- Department of Revenue - LB775 payments only
- Dept. of Revenue - Corporate Income Tax only
- Other (specify) _____

Financial Institution Information

Name: _____

Address: _____

ACH Coordinator: _____

Phone #: _____

FAX #: _____

Nine Digit Routing Transit #: _____

Depositor Account #: _____

Depositor Account Title: _____

Type of Account:

CHECKING SAVINGS

It is the responsibility of the state vendor to obtain the ACH payment related remittance information from their financial institution. The State of Nebraska sends this information through the ACH network with the payment to your financial institution. Please contact the ACH department at your financial institution regarding the services your bank provides to obtain the payment information.

(Please print or type – Signature Required)

Vendor Signature: _____

Name: _____

Title: _____

Date: _____

(Please print or type – Signature Required))

Bank Signature: _____

Name: _____

Title: _____

Date: _____